C20/123



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Missouri Ethics Commission Office Use: JAN 3 12020

## **Statement of Committee Organization**

1.	Statement Information		
	Date: <u>01-26-202</u> 0		
	Type: New	& section cha	nged)
2.	ommittee Information		
	Name of Committee		
	Name of Committee  2125 ST Lows Avenue STLows Committee Mailing Address, City, State, & Zip	MO63106	(3/4) 226-3/27 Telephone Number
		County Clerk, Board of Election Commissione	
Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Part			ratory LI Political Party
3.	Treasurer/Deputy Treasurer Information		
	PARIS C 11/05E/V Treasurer's Name (First & Last)		11
	2024 RUSSEU BIVD STLOUIS MOGSOF Treasurer's Mailing Address. City. State. & Zip	(184) 230-4319	1 cam as home
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
		( )	( )
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
Additional Committee Information			
	KI/A	NIA	
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity, State, & Zip
CANDIDATES: Do you have more than one candidate committee?			
5.	Official Bank Account Information (required by all committees)	11. 多次的原理·艾瑟克斯斯特的含	
			<b>}</b>
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٥.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	(3/4) 226-3/37 Telephone Number (Candidate Committees C	Only)
	-08/04/2020 Commztee Man	DeMOCRAT	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	No. of Bullet Manager	Election Date & Political Subdivision	Support or O
	Name of Ballot Measure		Support or Oppose
	Signature(s) Check certification(s) & sign (required by all committees)		
☐ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and a further acknowledge that I am aware that any false statement or declaration made herein is punishable under 0			
	6 1 2 1	1	7
(	Jans Masely Committee Treasurer	Candidate (Candidate Committees Only)	ele